

UNITED STATES DISTRICT COURT
for the
Northern District of New York

County of Albany, NY)

Plaintiff)
)
v.) Civil Action No. 1:19-cv-273 (DNH/CFH)
)
Cardinal Health, Inc., et al.)

Defendant)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)

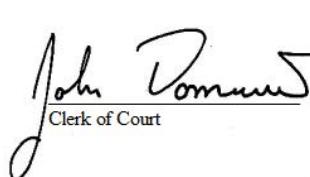
Rochester Drug Co-Operative, Inc.
50 Jetview Dr
Rochester, NY 14624

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Don Migliori
Motley Rice LLC
28 Bridgeside Blvd
Mt Pleasant, SC 29464

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.


John Dominick
Clerk of Court


Date: 02/28/2019

s/Kathy Rogers

Signature of Clerk or Deputy Clerk

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Civil Action No. 1:19-cv-273 (DNH/CFH)

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or _____

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or _____

I returned the summons unexecuted because _____; or _____

Other *(specify):* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

Print

Save As...

Reset